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41575/27975

U.S. Patent and

Attorney Docket Number

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DECLARA	Attor	Attorney Docket Number			415/5/2/9/5						
DESIGN PATENT APPLICATION (37 CFR 1.63)			First	First Named Inventor			Robert McMillen				
				COMPLETE IF KNOWN							
`	,57 OF IC 1.	33,	Applio	Application Number T		To Be Assigned/					
Declaration Submitted OR with Initial	[Declaration	Filing	Date	12	12/14/2001					
	OR	Submitted after Initia Filing (surcharge		Group Art Unit To		o Be A	Be Assigned				
Filing		(37 CFR 1.16(e)) required)	Exam	Examiner Name To		o Be A	Be Assigned				
As a below named inventor, I hereby declare that:											
My residence, mailing address, and citizenship are as stated below next to my name.											
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:											
Push Lumbar Support With Flexible Pressure Surface											
				•							
er											
Title of the Invention)											
(Title of the Invention) The specification of which											
□ Is attached hereto											
OR											
was filed on (MM/DD/YYYY) as United States Application Number or PCT International											
Application Number		and was	s amended o	n (MM/DD	/YYYY)	<u> </u>		(if applicable).			
E :		and was	3 amenaea e);; (IVIIVII DD	,,,,,			(ii applicable).			
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.											
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.											
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's											
or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for											
patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.											
Prior Foreign Application Countr Number(s)		Country	Foreign Filing Date (MM/DD/YYYY)		Prior Not Cla		Certified Cop YES	y Attached? NO			
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[Page 1 of 2]

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

DECLARATION — Utility or Design Patent Application

Direct all corresp	ondence to: 🔀	Customer Numbe or Bar Code Labe		21888	OR 🗌	Correspondence	address below				
Name	Robert C. Haldim	an									
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City	St. Louis			Sta	te MO	ZIP	63101				
Country	USA	Telep	hone	314-55	52-6351	Fax	314-552-7351				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.											
1	LE OR FIRST IN	VENTOR:	A petition	has be	en filed for this u	ınsigned inventor					
্র Given Name (first and middle	e [if any]) Robert		Family Name or Surname McMillen								
Inventor's Signature						Date	·				
Residence: City	y Tecumseh		State		Country Ontario	Citizenship	Canadian				
Mailing Address 2084 Lesperance											
City Tecumseh			State		ZIP N8N 2N4	Country C)ntario				
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any])			Family Name or Surname								
Inventor's Signature	•					Date					
Residence: City	/		State		Country	Citizenship					
Mailing Address											
City Additional in	nventors are being na	med on the	State	l Vaqitic	ZIP	Country	02A attached hereto.				
i i Additional II	nventors are being na	มาเฮน บา แห่ย St	เมษายายเนล	ı Audill	ภาลเ เทงยกเบกเร) S	neeus) < 10/58/	uza allauneu nerelo.				